

Second, we have to remember that illiteracy is a problem shrouded in secrecy, guilt and embarrassment. No one with a problem of illiteracy is anxious to have this problem revealed. Adults who are illiterate devise novel ways of disguising this inability to read or understand printed material. Because the inability to read, in any language, leads to insufficient understanding of complex information, the consequences of concealment and deception can confound problems of communication between the health care professional and client. Further, health care encounters can serve to increase the anxiety that many with low literacy skills feel day to day. As Frank McArdle has pointed out,

"(low levels of health literacy) makes it harder for the patient and the medical professional to fully participate in the process of two-way communication. Commonly held expectations that patients read adequately and the implicit social stigma of not doing so, conspire to silence patients, inhibit them from disclosing their situation, and discourage patients from seeking information and asking for help."⁷

The fact that large numbers of enrollees in health care plans simply do not understand basic physician instructions, means that our efforts to target major health conditions in these populations is equivalent to "shooting blanks." Resources are being wasted and results are not achievable.

THE IMPORTANCE OF LATINO CULTURAL BELIEFS AND HEALTH CARE PRACTICES

The Latino Health Task Force had to recognize and deal with a phenomenon not normally so important in other areas of health policy development in our state. This is the matter of Latino culture and belief systems with regard to health and health practices. These would not be major concerns were we talking about meeting the health and health care needs of the Latino population in their native countries, where both patients and their health care providers were from the same culture and spoke a common language. Even if language barriers could be reduced through the acquisition of Spanish language skills by US health care professionals and clerical personnel, there would still be differences in cultural beliefs that could lessen the potential effectiveness of health care services and interventions offered by health professionals to their Latino clients and patients.

As noted previously, it is important to recognize that there is considerable diversity within the Latino community; there are many Latino cultures, each with its own traditions and beliefs. Many Latinos in the US have never lived anywhere other than the United States and may not speak Spanish at all. Moreover, Latinos are racially and ethnically heterogeneous as well, while Latinos will often self-identify by their country of origin and not a particular racial or ethnic group.

Since health promotion efforts often have as their primary goal the changing of personal behaviors and attitudes, it is important to consider the culture-bound belief systems that may influence the health behaviors targeted by such intervention programs. It is clear that many Latinos are suffering from diseases and dying from causes that can be prevented; many of these are associated with